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MISSOURI
STATE BOARD OF NURSING
NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 101,000 to all RNs and LPNs

Volume 7 No. 1 **February, March, April 2005**

Message From the President

Authored by Robin S. Vogt, PhD, RN, FNP-C
Board President

Vogt

VOLUNTEERS WANTED
Are you a LEAD-R?

There is no doubt that the terrorist attacks of September 11, 2001, and the subsequent anthrax attacks increased the nation's interest in and attention to public health emergencies. Hospitals have always had plans in place to address natural and man-made disasters that occur in their communities. Most of these plans provide for supplementing hospital staff by extending shifts of those who are already at the facility and calling in staff that are off-shift. In certain large-scale emergencies, affected hospitals may draw upon the resources of other hospitals in the community that may not be directly impacted by the immediate emergency or disaster.

Experience has shown that health care professionals often arrive unsolicited at health care facilities or disaster sites to volunteer help. Health care facilities generally are unable to utilize these volunteers because there is no system in place to verify their identity and licensure.

New York City hospitals reported an influx of health professional volunteers that responded after the World Trade Center tragedy. The loss of telecommunications

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Executive Director Report

Authored by Lori Scheidt, Executive Director

LEGISLATIVE PROPOSALS

The next legislative session starts in January. There are several proposals we are aware of that impact nursing. They are:

- Patient Safety Initiatives;
- Title protection and APRN legislation; and,
- Nurse Licensure Compact

Scheidt

Patient Safety Initiatives Bill

This proposal seeks to resolve issues the Board of Nursing has identified as barriers to patient safety: access to criminal history, mandatory reporting rule, default hearings and expedited hearings.

Access to Criminal History

The Board of Nursing has had frequent instances where a complaint is filed against a nurse, but the nurse had moved and did not notify the Board of their new address. If the Board had access to criminal records, the Board could request a search of information to obtain a current address in order to conduct a thorough investigation.

Further rationale for the request is that investigators can have access to caution indicators, such as arrest warrants, as a warning that the person may be dangerous, which would protect the safety of the investigators. State statute 43.543, RSMo, limits how the information may be used.

The Missouri State Board of Nursing would like to add a section to 610.120, RSMo, to allow the Division of Professional Registration or any state agency which issues or renews a professional license, permit, certificate or registration of authority, access to criminal records for such investigative purposes as authorized by law. Currently, the Board does not have authority to access criminal history records for investigative purposes related to a complaint against a licensee. Without access to criminal history records pertaining to a licensee whom the Board is investigating, the Board will have to expend more of its time and resources discovering information known to law enforcement agencies. Access to criminal history records would provide greater protection to the public.

Mandatory Reporting Rule

State statutes 383.130-133, RSMo, commonly referred to as the "Mandatory Reporting Rule," require only hospitals and ambulatory surgical centers to report to the appropriate licensing authority "final" disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action. The mandatory reporting rule (Section 383.130-133, RSMo) should be amended to clarify what needs to be reported to the respective Boards, that all healthcare providers must report, and contain an enforcement provision for failure to report.

It is critical that state licensing boards have access to records of disciplinary proceedings against healthcare professionals to determine if the healthcare professional in question is likely to cause patient harm without board intervention. The purpose of sections 383.130-133 is to enhance the ability of professional licensing boards in performing prompt, efficient and thorough investigations of possible misconduct or impairment of licensed health care practitioners, aided by timely and meaningful reports from sources likely to have knowledge of such individuals' professional abilities and conduct.

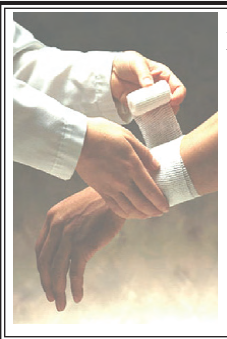
In April 2004 Charles Cullen, (a nurse) pleaded guilty to 13 counts of murder and two counts of attempted murder. As part of the plea agreement, Charles Cullen will be sentenced to 13 life sentences and two 20-year sentences, which would allow him to avoid the death penalty. Cullen admitted killing as many as 40 patients with lethal drug injections. During his 16-year career, four hospitals and one nursing home fired him, another hospital suspended him, and another questioned him about a patient's suspicious death. He was never reported to a licensing Board! Furthermore, Mr. Cullen kept getting new nursing jobs until Somerset Medical Center in Somerville, N.J., looked into questionable lab results involving patients under his care. Authorities arrested him in December and charged him with murder. Several of the facilities now face lawsuits from relatives of the murdered patients. If employers had been required to report the terminations, suspension and investigations to the Board of Nursing, he might not have continued his 16-year killing spree.

Default Hearings

Licensees whose licenses have been disciplined by the Board are required to keep the Board apprised of his or her current place of employment and residence. The Board expends considerable time and expense trying to locate and serve licensees who violate their disciplinary agreements but have failed to keep their address current with the Board. After notice and service of the original disciplinary action, if a licensee fails to adhere to the terms of discipline the Board would like the ability to conduct default hearings and impose such additional discipline as authorized by law.

The Board of Nursing received a complaint against a nurse on December 6, 2002. The investigation was completed on December 17, 2002. On February 6, 2003, the Administrative

Director Report cont. on pg. 4



*Your help may be needed in the event of an emergency. Can we count on you to be that person? Volunteer online at http://pr.mo.gov for the **L**icensed-**P**rofessionals **E**mergency **A**nd **D**isaster **R**egistry. For more information see the Licensure Corner.*

BE a LEAD-R!

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The Board of Nursing is requesting contact from the following individuals:

Sandra E. Miller
John A. Goodman
Brigette D. Carroll
Robin L. Hyrne
Amber. M. Hearn
Gale E. Coats
Mary B. Mackey
Tracy Ridpath
Aprelle Holbrook
Nancy Walter

If anyone has knowledge of their whereabouts, please contact Cindy at 573-751-0070 or send an email to nursing@pr.mo.gov

IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2005

March 9-11, 2005	June 8-10, 2005
September 7-9, 2005	December 7-9, 2005
March 1-3, 2006	June 7-9, 2006
September 6-8, 2006	December 6-8, 2006

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our Web site at http://pr.mo.gov

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of January 13, 2005

Profession	Number
Licensed Practical Nurse	22,015
Registered Professional Nurse	79,119
Total	**101,134**

President's Message cont. from pg. 1

precluded hospitals from contacting sources that could have provided some credentialing information. There was no single effective and efficient system to pre-register volunteer health personnel for emergencies and verify their identity and credentials.

As a national initiative, the Missouri State Board of Nursing partnered with the Missouri Department of Health and Senior Services to develop and implement a state-based system for establishing and verifying the qualifications of licensed professionals willing to volunteer during an emergency. This system has been named the Licensed-Professionals Emergency and Disaster Registry (LEAD-R). Development of this system was guided by several principles.

- The system should be as simple as possible and not be too dependent on technology.
- The system should take advantage of existing databases.
- There should be a minimum set of data elements for identification of volunteers.
- There should be a recognized badge/license with static information to allow for immediate identification of a volunteer, supported by additional, constantly updated information in a central database.
- There should be an easy registration process that gives volunteers a choice about their level of participation: what distance(s) are they willing to travel, for how long are they willing to volunteer, and to what kind(s) of incident(s) are they willing to respond.
- The information contained in certain (confidential) fields must be accessible only in a disaster and then only by designated individuals responsible for activating and utilizing the system. This would include elements such as contact and personal information.
- Information contained in LEAD-R must never be used for purposes other than that for which the system is designed.
- There should be consideration for "swipeable" cards that could update training data automatically.
- There should be a mechanism for volunteers to personally update certain data elements.

We have developed a system that we believe meets all these guidelines.

Each licensee will be assigned a unique PIN number. The first set of nurses to receive their PIN will be RNs when their renewal notices are mailed in early February. The PIN will allow you to renew your license online and will allow you to sign up to be a LEAD-R.

The license you receive will be a plastic card that will contain a magnetic stripe and a signature line. All licensees will receive this new license card regardless of whether or not they are a LEAD-R.

The volunteer enters his/her information online and that information is then combined with the volunteer's licensure record. The LEAD-R will serve as an official registry of professionals willing to volunteer services during an emergency declared by the Governor or legislature. As a nurse, you can go online at any time with your license number and PIN number and update your information.

If an emergency is declared, only designated individuals responsible for activating and utilizing the system will be able to query the system by proximity and credentials needed and activate volunteers. We are still working with the Department of Health on the operational aspects of the activation. It is noteworthy to mention that volunteers can decline calls to respond to emergencies.

If you are activated, you would need to take a photo ID and your new license card with you to the emergency staging area to check in. The receiving entity will be able to swipe your license card to validate your information with the LEAD-R system. The LEAD-R system will also have incident command software so the incident commander can see who is on-site, make assignments based on your area of expertise, and know when a volunteer leaves the site.

The Board of Nursing is working with the Division of Professional Registration, the Department of Health and Senior Services, the State Emergency Management Agency, and Missouri Homeland Security on a legislative proposal that will provide for immunity from civil damages of volunteers when deployed during an emergency as declared by the Governor or legislature.

We have been working on this project with the Department of Health and Senior Services and with grant funds from the US Department of Health and Human Services. We are delighted to report that we have not used licensee funds for this project.

We encourage you to be a LEAD-R. We need compassionate individuals with the desire to lend a hand and the skills and training to handle emergency situations. Be that LEAD-R! Remember to sign up when you renew your license online.

Director Report cont. from pg.1

Hearing Commission found cause to discipline the nurse's license. The licensee moved to Florida and did not notify the Board of her new address. The Board has tried to serve the licensee notice of a disciplinary hearing at least 4 times and in multiple states. As of this writing, the Board has had no success in serving the licensee with notice of hearing. This nurse entered a guilty plea to Class C felony possession of a controlled substance, consisting of two dextropropoxyphene pills, under § 195.202. The court suspended the imposition of sentence in favor of two years' probation. This nurse continues to have a license to practice nursing because she cannot be served with notice of a hearing. If the Board had a mechanism to hold a default hearing, the hearing could be held after the board has attempted to notify the licensee of the hearing by certified and regular mail to her last known address.

Expedited Hearing

An expedited hearing process would allow the Board to take quick action to stop conduct and protect the public. If the board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse's license. An expedited hearing process would require that the Administrative Hearing Commission conduct a preliminary hearing within fifteen days after service of the complaint on the nurse. The hearing would be to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justify that the nurse's license be immediately restricted or suspended. The burden of proving that a nurse is a clear and present danger to the public health and safety would be upon the State Board of Nursing. The Administrative Hearing Commission would be required to issue its decision immediately after the hearing and either grant to the board the authority to suspend or restrict the license or dismiss the action.

On June 13, 2001, a nurse administered morphine to a patient in dosages, which were not ordered by the patient's physician. She also administered propofol to the same patient on May 5, 2001 without an order from the patient's physician. The nurse was arrested for Murder 1st degree on November 5, 2001. Because the Board does not have injunction authority and does not have an expedited hearing process, this nurse was not required to stop practicing nursing until June 19, 2002.

Another example is the case of a May 1, 2002 incident where a nurse was assigned to provide care to a resident who was unconscious and unable to speak or eat on her own. The resident was placed on oxygen to assist her breathing. At some point during her shift, the nurse tightened the metal nose clamp on the resident's oxygen mask, "pushed" her chin upward, and held her mouth closed for approximately ten minutes in order to suffocate her. When the nurse believed that the resident was no longer breathing, she removed the oxygen mask and began to wipe the resident's face. While wiping the resident's face, the resident took another breath, so the nurse again "pushed" the resident's chin upward and held her mouth closed for another minute or two until the resident ceased breathing. As a result of the conduct, the nurse was arrested on May 21, 2002, and a complaint was filed in the Circuit Court of St. Louis County Missouri, on September 4, 2002, charging her with felony murder in the second degree. This nurse's license was not revoked until June 19, 2003.

These are two cases where public protection would have been greater if the Board had a process for an expedited hearing.

APRN and Title Protection Bill

A frequent complaint we receive from current advanced practice registered nurses is the requirement to renew their RN license by April 30th of every odd-numbered year and renew their advanced practice registered nurse recognition prior to varied expiration dates throughout the year as dictated by national certification expiration dates. Advanced practice registered nurses would prefer to have one license with one expiration date thereby reducing the regulatory burden and the potential for a licensee to practice with a lapsed license.

This bill would require an APRN to have one license with one expiration date rather than one license and one recognition with two separate expiration dates, which will improve regulatory efficiency and eliminate confusion. The license will indicate the nurse is and can practice as a RN or APRN. We have heard that this is necessary because there may be situations where an individual holds a position at one facility as a RN and at another facility as an APRN. We also included language so a nurse could revert back to a regular RN license without additional fees. They could simply send a signed request asking that the APRN status be removed.

The bill would require national certification of all APRNs after December 31, 2005, thereby allowing currently recognized APRNs without national certification time to prepare and take an appropriate certification exam. After December 31, 2005, any new applicant would be required to meet the new education and certification requirements. The certification requirements will include a national certifying exam. Those that were recognized/licensed (even in another state) prior to December 31, 2005 will be grandfathered.

The new requirements would go into affect December 31, 2005 and require that all APRNs have national certification and a graduate or post-graduate degree.

The new requirements would:

1) Eliminate non-certified applicants after December 31, 2005. That would affect 4 Perinatal CNS and 5 Maternal-Child CNS. Currently these professions do not have a national certifying body.

2) Eliminate certified category applicants who cannot demonstrate having a graduate or post-graduate advanced practice registered nurse program. This is a national movement and is already required in most other states. Language includes a grandfather clause that exempts them if they are in a program prior September 1, 2005 and earned their certificate on or before January 1, 2006 and apply prior to December 31, 2005.

Additionally, the bill would include a provision to issue a temporary APRN permit for those applying for an APRN license from another state so they can begin practice while awaiting a permanent license.

The bill would also protect the title "nurse." Currently, only the title of Registered Nurse (RN) and Licensed Practical Nurse (LPN) are protected. Physician offices and other non-regulated entities may hire unlicensed staff and title them as "nurse." This causes confusion to the public. The title "nurse" implies that the person is either a RN or LPN and that the person has the essential degree of competency necessary to perform a unique scope of nursing practice. This bill would protect the title "nurse."

Nurse Licensure Compact - A State Nursing License Recognized Nationally and Enforced Locally

The nurse licensure compact would allow a nurse's license to work like a driver's license. The nurse would be required to hold a license in his/her state of residence The compact would, therefore, allow mutual recognition of licensure in all states which have legislated the compact. Nurses will be required to declare their primary state of residence. Primary state of residence verification may include driver's license, federal income tax return or voter registration. State of residence was chosen because nurses practice in multiple states but have one primary residence.

States with Pending or Possible Legislation for 2005-2006: Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Montana, Nevada, Ohio, Oregon, New Hampshire, South Carolina, and Washington

Key Points to the Nurse Licensure Compact

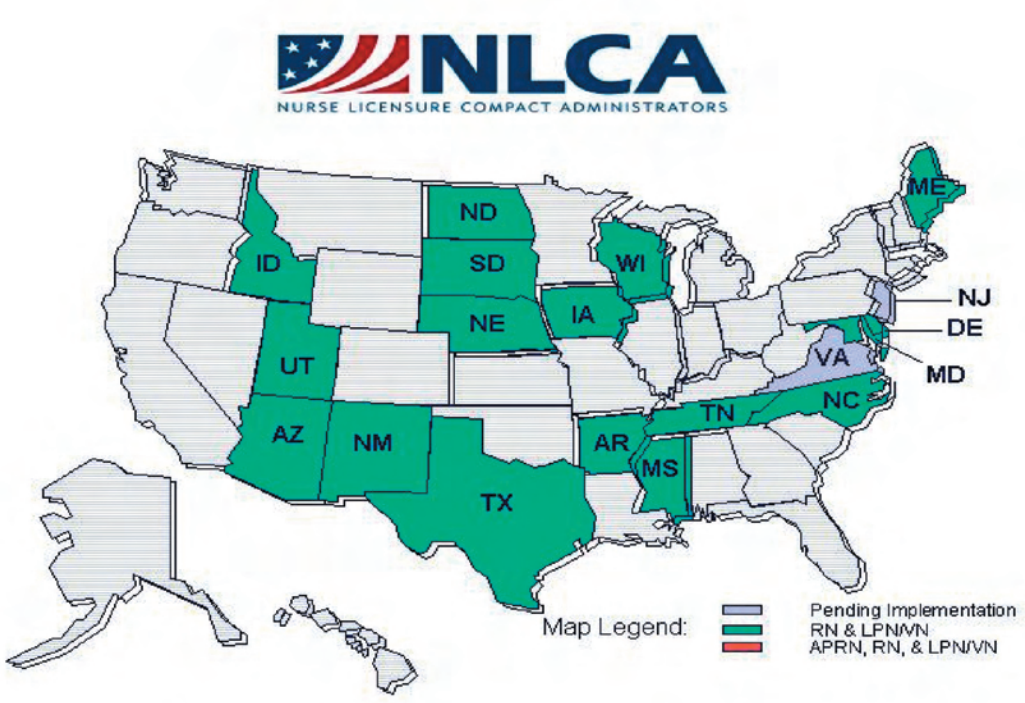
- Institutions that deliver health care would be helped, in that their nursing workforce would be more mobile. A centralized database provides access for one-source verification of a nurse's qualifications for practice. This would prove beneficial in the event of a terrorist attack where mobilization of health professionals would be critical to ensuring the health and safety of the public.
- In September 2004, Florida had to evacuate patients due to hurricanes. The Florida Board of Nursing contacted nearby states to determine if Florida nurses could bring patients into states and care for those patients. Missouri was one of the states that Florida contacted for assistance. If Missouri had the compact; nurses could have brought patients into the state without delay and without the need for a temporary permit or license.
- Missouri is surrounded by eight states. Missouri has two large metropolitan areas, St. Louis and Kansas City, where it is clearly desirable to have a system of regional response in which health care personnel from an adjacent state can provide care in Missouri and vice-versa. The compact would enable health care emergency response personnel to cross state lines.
- We can increase the access to care through the practice of nursing across state lines using telecommunications such as telephones, satellite, and computers by teaching, consulting, triaging, advising or providing direct services. A nurse in Iowa may be on a hotline providing advice to clients in Missouri. Nursing faculty from other states teach via satellite. Some nurses are practicing from offices to patient homes using cameras and computer technologies.
- We can promote safe practice through an expeditious discipline process, while ensuring protection of due process for all parties.
- We can decrease the current monetary and regulatory burden for the nurse. The nurse licensure compact removes some of the licensure-related obstacles to assuring accessible, quality, cost-effective health care to rural and under-served populations.
- The Missouri State Board of Nursing has already figured the fiscal impact on licensure renewal revenue projections through fiscal year 2009. We would not have to raise licensure fees to implement the compact. The positive economic impact is greatest for the nurses who would be able to carry only one license and practice in multiple states at no additional costs. There is an economic gain for employers who are able to move personnel, without concern for costs of licenses.
- The premise for the model is that current licensure requirements are essentially the same from state to state. It does not interfere with states defining scope of practice in their own unique ways; it ONLY defines the requirements to hold a license and it requires a nurse to comply with the practice laws in the state(s) where they practice. A compact state will only issue a SINGLE STATE LICENSE if they ever license any individual that does not meet the uniform licensure requirements.

Supporters

- American Organization of Nurse Executives (AONE)
- American Association of Occupational Health Nurses, Inc (AAOHN)
- American Association of Poison Control Centers, Inc (AAPCC)
- Air & Surface Transport Nurses Association (ASTNA)
- Center for Telemedicine Law
- Citizens Advocacy Center (CAC)
- Correctional Medical Services
- Missouri Association of Licensed Practical Nurses (MOSALPN)
- Missouri Correctional Nurses Association
- Missouri Hospital Association (MHA)
- Missouri League for Nursing (MLN)
- Missouri Organization of Nurse Executives (MONE)
- Telehealth Leadership Council
- Arizona Nurses Association
- Arkansas Nurses Association
- Delaware Nurses Association
- Iowa Nurses Association
- Maryland Nurses Association
- Nebraska Nurses Association
- North Carolina Nurses Association
- Texas Nurses Association
- Utah Nurses Association

If you want to see any of the draft language, feel free to send me an e-mail request to lori.scheidt@pr.mo.gov.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. We urge you to contact your state legislators to discuss your views on these issues. You can find information about the status of bills and how to contact legislators at http://www.moga.state.mo.us.



States with Pending or Possible Legislation for 2005-2006: Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Montana, Nevada, Ohio, Oregon, New Hampshire, South Carolina, and Washington

Making a Difference, One Life at a Time

Edited by Becki Hamilton
Executive Assistant

Each of our Board members has made a difference in the profession of nursing. Their dedication to the task of ensuring that the provisions of the Nurse Practice Act are followed is exemplified in the Board's Mission Statement:

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

This series will focus on each of the Board members and their contributions to the profession of nursing. Teri Murray, PhD., RN from Florissant, Missouri is the subject of this article.

Q – How long have you been a nurse?

A – I graduated from St. Louis University's School of Nursing with a Bachelor's of Science degree in 1979. Having a basic belief in lifelong learning, I later returned to school and graduated from the University of Missouri-Saint Louis with a Master of Education degree; St. Louis University with a Master of Science in Nursing degree with a clinical concentration in Community Health and a Ph.D., from St. Louis University in Higher Education Administration.

I enjoyed working as a professional registered nurse, but my true love has always been teaching. I have had an innate desire to teach since I was 3 years old, anxiously waiting for my 5 year old sister, Cornelia, to return home from kindergarten, so that I could do her homework with her and then teach it to my dolls. Cornelia desired to be a nurse, and I being the younger sister, followed her lead, becoming a nurse. Fortunately, I was able to combine my love for teaching with nursing, becoming a nurse educator. I find the academic milieu, embedded within a university setting with multiple programs and disciplines, to be quite intellectually stimulating and enriching; thus, loving the professorate, I have been involved in teaching undergraduate and graduate nursing courses for 22 years.

Since 1998, I have been director of the undergraduate program in the College of Nursing at the University of Missouri-Saint Louis. This administrative role encompasses managing the traditional (basic four year), the accelerated (fast-track BSN) and BSN-Completion (for diploma and associate degree nurses seeking a BSN) tracks of the baccalaureate nursing program. This involves managing approximately 25 full-time faculty, 30 – 40 adjunct (part-time) faculty and approximately 450 - 500 nursing students. Additionally, the College offers a master's program in nursing with three tracks (Nurse Educator, Nurse Practitioner, & Nurse Leader/Administrator), a doctoral program in nursing and an Extended Learning (Distance and Outreach) Program. The two programs (master's and doctoral) have a combined enrollment of approximately 250 - 300 students, for a total College enrollment of approximately 800 students.

Q – What kinds of nursing care have you provided?

A – Because of my love for teaching, I was drawn to nursing specialty areas that were heavily involved with teaching, home health nursing and community health nursing. In home health, I found it very rewarding to help patients living with acute or chronic health conditions learn to become independent in the management of his or her disease process. It warmed my heart to see the sick elderly in their homes with family members rather than in hospitals. I recall taking care of an elderly, home care, ventilator dependent patient. The ability to remain in her home environment with familiar people and things caused her to thrive. She was delighted by the simple act of being able to wave to her granddaughter each morning. As I encountered many patients, just like her, I often thought...this is what nursing is really about. For me, nursing was the ability to enable someone to live to the fullest capacity, that is, to enjoy life to its fullest, in spite of the limitations caused by disease or disability.

In community health, I found it quite satisfying to teach various groups and populations about health promotion, health risk reduction and disease prevention. Chronic diseases are among the most prevalent, costly and preventable among all other health problems. Chronic diseases such as heart disease, stroke, cancer, arthritis and diabetes cause suffering, disability, and diminish the quality of life. Many of the chronic disease deaths can be traced back to unhealthy behaviors in life, many of which have modifiable risk factors. My role as a community health nurse, afforded me the opportunity to create an awareness in an effort to address these issues with various groups in the community before disease or disability occurred.

Q – Describe something that made you glad you chose to be a nurse.

A – The countless incidents of working in home health, seeing patients who had open abdominal wounds, colostomies, neurogenic bladders, heart failure, emphysema, and diabetes, learn to manage their conditions and pursue a lifestyle with as few limitations as possible.

Q – What are some of the challenges you faced as a nurse?

A – I can't recall any personal challenges as a nurse.

Q – How did you become a board member?

A – I discussed my interest with a board member whose term was near completion. She directed me to the Governor's Home Page; I completed the application. Later, I was contacted by the Division of Professional Registration, and my application was further processed.

Q – How long have you served on the Missouri State Board of Nursing?

A – I have served on the Missouri State Board of Nursing since 2001. I was appointed to the Board on October 21, 2001 by Governor Bob Holden and confirmed by the Missouri Senate on January 24, 2002.

Q – What did you want to accomplish?

A – I wanted to do my part in protecting the public by enforcing the Nurse Practice Act for the State of Missouri. I currently serve as chair, Education Committee on the Executive, Licensure and Publication Committees.

Q – What changes have occurred during your tenure as a board member?

A – I think the most significant change has been the streamlining of the investigations process. Other changes include: revising the IV Therapy Curriculum for LPNs; the establishment of a new licensing system that provides real time statistics on the nursing population; electronic verification of nurses between state boards; and the advanced practice nurse recognition process was developed and is now maintained. We are currently working on revising the Minimum Standards of Education for Professional and Practical Programs of Nursing within the State.

Q – What have you contributed as a member of the board?

A – In my role as Chair of the Education Committee, several activities have been accomplished. We have granted request to increase enrollment numbers in many of the professional and practical schools of nursing in the state; an increase in the numbers of future nurses will subsequently assist with decreasing the nursing shortage in the state. We have assisted many schools with curricular changes to ensure that students possess the knowledge, skills, and abilities essential to provide safe, effective, patient care; and approved a standard IV Therapy Curriculum for practical nursing programs. We examine best practices in nursing education within the state and across the nation with other member boards.

Q – What is something that you have learned that you did not expect to as a result of your experience on the Board?

A – An unanticipated outcome of serving on the board is the qualitative experience gained with overseeing the educational aspects of the 93 state approved nursing schools. The depth and breadth of the insight gained has been of tremendous personal and professional value. Under ordinary circumstances, what would have taken a lifetime of learning, has been compressed into the past 4 years because of being actively involved with the collective experience of 93 schools within the state.

Q – How would you describe your experience as a board member?

A – In a few words, "busy, yet stimulating."

Q – What would you tell someone interested in becoming a board member?

A – The Board of nursing is the authorized state entity with the legal authority to regulate nursing practice in the State of Missouri. We enforce the Nurse Practice Act, which typically involves defining nursing and the boundaries of the scope of practice; identifying types of licenses and titles, enforcing the requirements for licensure, protecting titles, and identifying the grounds for disciplinary action. Most members on the Board work full-time in addition to their service on the Board; Board activities keep you quite busy and require a strong commitment. As a board member, you will have the opportunity to meet various people from within the state from diverse nursing backgrounds, affording you exposure to differing ideas and philosophies about the practice of nursing.

You will have the opportunity to serve on the National Council of State Board of Nursing (NCSBN) Committees. The NCSBN provides leadership to advance regulatory excellence. The board members and member states act and counsel together on matters of concern affecting the public health, safety, and welfare, including developing the licensure exams. I currently serve on the Item Review, Subcommittee. The functions of this committee are to: evaluate all RN and PN pretest questions; evaluate candidate examinations; provide written reports to the Examination Committee; and provide committee representation at item development meetings. Participation on this committee has afforded me the opportunity to work with others from California, New Jersey, Louisiana, Arkansas, North Dakota, Nebraska and Kansas on nursing education issues and concerns.

Q – How have you made a difference to the profession of nursing?

A – I've made a difference through my nursing practice and my role as an educator. I know that I've touched the lives of many patients in home health nursing practice. Teaching each of them and/or their family members how to care for their illness, take their medicine, treat their wounds, prevent further complications and manage their illnesses in the home environment. I've touched the lives of various groups in the community, teaching health promotion activities designed to assist individuals, groups and communities to incorporate knowledge, behaviors and habits into a lifestyle that promotes health. For example, a lady from a community church group that heard one of my Health Promotion Disease Prevention presentations on Health Screenings was prompted to go to her doctor. She was 60 years old and had not had a sigmoidoscopy or a stool test for blood. Unfortunately, she did have colon cancer, but it was diagnosed early enough that after surgery, she did not require chemotherapy or radiation and is currently doing quite well. I know I made a difference in her life.

I've made a difference in nursing education, contributing to the profession through writing professional articles, book chapters, and a community health nursing textbook. I have been able to obtain nearly half of million dollars in external funding over the last 5 years to develop a community based clinical project examining the health care needs of vulnerable populations, provide tuition support for accelerated and baccalaureate degree completion students and most recently be able to purchase high fidelity laboratory equipment for the Nursing Arts Lab, and to increase enrollment numbers in the Accelerated track in an effort to alleviate the nursing shortage.

Nursing has been a great career for me and I am grateful to have been able to be a part of and contribute to such a wonderful profession.

Education Corner

Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:
Teri A. Murray, PhD., RN, Chair
Linda Conner, BSN, RN
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Nelson

The Delegate Assembly of the National Council of State Boards of Nursing (NCSBN) approved a revised NCLEX-PN® Test Plan at the annual meeting in August, 2004. The new test plan will take effect in April, 2005.

The test plan is evaluated every three years and revisions are based on a practice analysis of the frequency and type of nursing care activities performed by newly licensed practical nurses in a variety of employment settings. The content of the examination is organized into four major Client Needs categories and six subcategories. The percentage of items allocated to each category or subcategory is as follows:

1. Safe and Effective Care Environment
   - Coordinated Care 11-17%
   - Safety and Infection Control 8-14%
2. Health Promotion and Maintenance 7-13%
3. Psychosocial Integrity 8-14%
4. Physiological Integrity
   - Basic Care and Comfort 11-17%
   - Pharmacological Therapies 9-15%
   - Reduction of Risk Potential 10-16%
   - Physiological Adaptation 12-18%

There are four processes that are fundamental to the practice of an LPN that are integrated throughout the categories and subcategories. These are (1) the nursing process (the clinical problem solving process), (2) caring (the supportive and compassionate interactions of the LPN with patients/clients and families), (3) communication and documentation, and (4) teaching and learning. The 2002 test plan had a fifth process of cultural awareness but this concept has now been included in content related to Psychosocial Integrity.

The 2002 test plan had subcategories for Health Promotion and Maintenance and Psychosocial Integrity and these subcategories have now been included as related content. The test plan lists related content for each category or subcategory. For example, content for the subcategory of Safety and Infection Control includes such concepts as accident/error prevention, handling hazardous and infectious materials, medical and surgical asepsis, use of restraints/safety devices, reporting of incidents and safe use of equipment among others. The content categories and subcategories reflect patient/client needs across the life span and in a variety of settings.

The percentage of items allocated to the subcategories of Coordinated Care, Safety and Infection Control, Basic Care and Comfort and Pharmacological Therapies have increased by one to four percent from the previous test plan. The increased emphasis in these areas mirrors recent publicity and concerns regarding patient safety. Issues such as falls, medication errors, improper pain management, nosocomial infections, and inadequate communications are reported in the media and present a constant challenge to all healthcare workers. Among the recommendations in the report of the Missouri Commission on Patient Safety of July, 2004 is the formation of a broad-based education coalition within the Missouri Center for Patient Safety to provide leadership as to the inclusion of safety issues in the various health professional curricula, including nursing. The coalition would also promote improvement of communications amongst healthcare professionals and patients. Lori Scheidt, Executive Director of the Board of Nursing, served as an ex-officio member of the Commission and has previously reported on the work of this commission.

The Minimum Standards for Approved Programs of Practical and Professional Nursing in Missouri are stated very broadly and do not include specific requirements for patient safety education. There are requirements for the inclusion of content in prevention of illness; the promotion, maintenance, and restoration of health; communications and interpersonal relationships; and ethical legal aspects of nursing. Per the review of course syllabi of nursing programs surveyed, safety issues are included in the content. However, it behooves all educators, whether in a nursing program or a healthcare facility, to keep emphasizing and reinforcing safety issue concepts to reduce preventable errors and promote positive patient outcomes.

The NCLEX-PN® and NCLEX-RN® test plans are available free of charge electronically for download via the NCSBN Web site, www.ncsbn.org.

The Task Force assembled to revise the Minimum Standards for Approved Programs of Professional and Practical Nursing in Missouri continues to meet. The members have reviewed all the requirements and are in the process of rewording and doing some reorganization of the current rules. The task force is trying to think futuristically so that the proposed revisions will apply for some years to come. The members work well together and there has been open communication with compromises when opinions differ. The members were listed in the May, June, July 2004 issue of the Newsletter and their efforts are greatly appreciated. You will be kept informed as to the progress and status of the proposed revisions.

Practice Corner

Authored by Lori Scheidt
Executive Director

Missouri State Board of Nursing Practice Committee Members

Linda Conner BSN, RN, Chair
David Barrow, LPN
Amanda Skaggs, RNC, WHNP
Robin Vogt PhD, RN, FNP-C

Scheidt

Women's Health Nurse Practitioner (WHNP) & Male Patients

Recently, a Women's Health Nurse Practitioner inquired as to whether she could treat male patients.

This is allowed only for the treatment of males with sexually transmitted diseases if the following conditions are met:

- the WHNP has the specialized education, knowledge, skills, training, and competence in the evaluation and treatment of male clients with sexually transmitted diseases;
- the collaborative practice arrangement includes prescriptive authority specific to the treatment of males with sexually transmitted diseases; and,
- the WHNP is not providing PRIMARY health care services to males.

We stress that primary health care services to males including the diagnosis of illness and initiation of treatment, however, are not within the scope of practice of a WHNP.

Non-Missouri Physician's Orders

A nurse recently posed the question that she sometimes gets physician orders from a physician licensed in another state and wanted to know if she could accept them or if the orders must come from a physician licensed in Missouri.

In 335.016 (9) & (10)(c), RSMo, the language allows administration of medications and treatments "as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments." If you have any concern about the authenticity of the physician being a licensed physician in whatever state it is, then you have a duty to verify his/her licensure status just as you would carry out your duty to verify questionable treatment orders.

APRN Title Guidelines

We have seen an increase in the number of questions on how an advanced practice registered nurse (APRN) should title.

We recommend that APRNs contact their national certifying body for direction on how to title. Usually, this information can be found on the certification card from the national certifying body.

For those who have graduate recognition with the Board of Nursing, following their RN designation, individuals are to insert "G" in front of board-recognized advanced practice nursing clinical specialty area and role designation--e.g., GFNP, GM-SCNS, GNM, GRNA–as in John Doe, RN, GFNP, Jane Doe, RN, GM-SCNS, John Doe, RN, GNM, Jane Doe, RN, GRNA).

These are examples on how to title for those that have no certifying body.

- Maternal-Child: John Doe RN, M-CCNS
- Pediatric: Jane Doe RN, PCNS
- Perinatal: John Doe RN, PNCNS
- Women's Health: Jane Doe RN, WHCNS
- Psychiatric/Mental Health NP: John Doe RN, P/MHNP

Placement of Education Degree Credential/s

For licensees who also want to include education degree credentials, placement of degree credentials after name and before RN is suggested.

Practice Corner cont. on pg. 8

Practice Corner cont. from pg. 7

Scope of Practice Decision Making Model

The Missouri State Board of Nursing adopted the following practice decision making tool at the December 2004 Full Board Meeting. This document was adapted and used with permission from the Arkansas Board of Nursing.

Missouri State Board of Nursing

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities.

The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way.

The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.

THE PRACTICE OF NURSING

The Practice of Professional (Registered) Nursing:
The performance for compensation of any act which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including, but not limited to:

- Responsibility for the teaching of health care and the prevention of illness to the patient and his or her family;
- Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes;
- The administration of medications and treatments as prescribed by a person licensed by a state regulatory body to prescribe medications and treatments;
- The coordination and assistance in the delivery of a plan of health care with all members of a health team;
- The teaching and supervision of other persons in the performance of any of the foregoing.

335.016.(10), RSMo 2000

The Practice of Advanced Practice Nursing:
A nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing. **335.016.(2), RSMo 2000.**

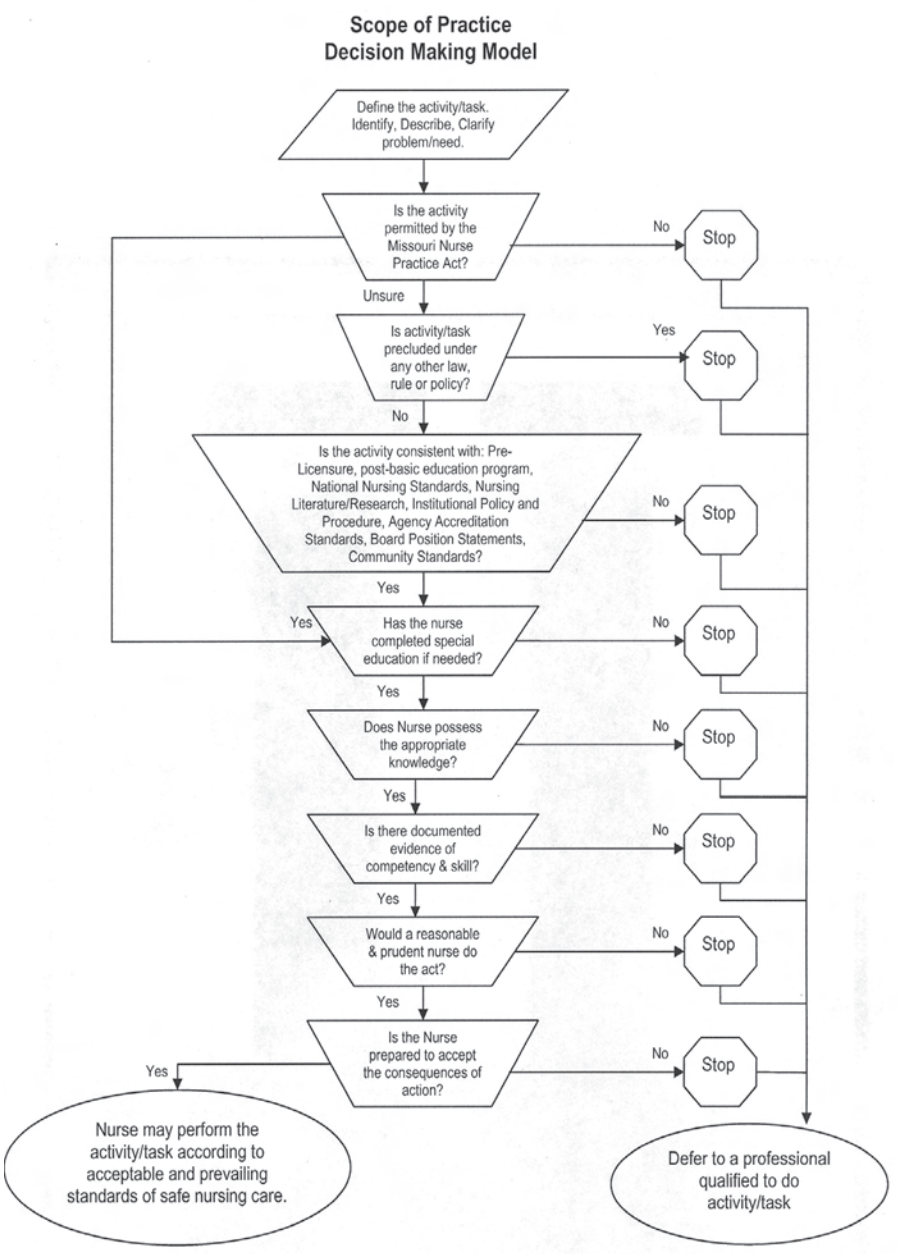
Advanced practice nurses shall function clinically within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, or within their education, training, knowledge, judgment, skill, and competence as a registered professional nurse. **4 CSR 200-4.100(5).**

The Practice of Practical Nursing:
The performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribed medications and treatments or under the direction of a registered professional nurse. For the purposed of this chapter, "direction" shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight.

335.016.(9), RSMo 2000

Practice Corner cont. on pg. 9

Practice Corner cont. from pg. 8



Practice Corner cont. on pg. 10

Practice Corner cont. from pg. 9

Decision Making Process

1. Define the Activity/Task:

Clarify what is the problem or need?
Who are the people involved in the decision?
What is the decision to be made and where (what setting or organization) will it take place?
Why is the question being raised now?
Has it been discussed previously?

2. Is the activity permitted by Missouri Nurse Practice Act?

NO – Stop. Defer the activity/task to a professional qualified to do the activity/task.
Yes – Go to Question # 5 – Special education needed?
Unsure -- Go to Question # 3 – Precluded by other law, rule, or policy?

3. Is activity/task precluded under any other law, rule or policy?

No – Go to Question #4 – Consistent with….
Yes -- Stop. Defer the activity/task to a professional qualified to do the activity/task.

4. Is the activity consistent with:
Pre-licensure/post-basic education program
National Nursing Standards
Nursing Literature/Research
Institutional policies and procedures
Agency Accreditation Standards
Board Position Statements
Community Standards?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.
Yes – Go to Question # 5 – Special education needs?

5. Has the nurse completed special education if needed?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.
Yes – Go to Question # 6 – Possess appropriate knowledge?

6. Does nurse possess appropriate knowledge?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.
Yes – Go to Question #7—Documented competency?

7. Is there documented evidence of competency & skill?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.
Yes – Go to Question #8 – Reasonable & prudent nurse?

8. Would a reasonable & prudent nurse perform the act?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.
Yes – Go to Question #9 – Prepared to accept consequences?

9. Is nurse prepared to accept the consequences of action?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/.
Yes – Nurse may perform the activity/task according to acceptable and prevailing standards of nursing care.

Guidelines for Decision Making

The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although their perspectives are different the process is the same. The following steps are basic to the process.

Clarify: What is the problem or need?
Who are the people involved in the decision?
What is the decision to be made and where (what setting or organization) will it take place?
Why is the question being raised now?
Has it been discussed previously?

Assess: What are your resources?
What are your strengths?
What skills and knowledge are required?
What or who is available to assist you?

Identify Options: What are possible solutions?
What are the characteristics of an ideal solution?
Is it feasible?
What are the risks?
What are the costs?
Are they feasible?
What are the implications of your decision?
How serious are the consequences?

Point of Decision: What is the best decision?
When should it be done?
By whom?
What are the implications or consequences of your decision?
How will you judge the effectiveness of your decision?

Application of Guidelines for Decision Making

Clarify what it is you are being asked to do:

♦ Gather facts that may influence the decision.

- Are there written policies and procedures available to describe how and under what conditions you will perform this task?
- Does the new responsibility require professional judgement or simply the acquisition of a new skill?
- Is this a *new* expectation for all RNs? LPNs? APRNs?
- Has this been done before by others in your unit or health care facility?
- Is it just new to you?
- What about the other facilities in your community or region?
- What are the nurse manager's expectations about you or other RNs, LPNs, APRNs, becoming responsible for this procedure?
- When will this become effective?
- Will there be an opportunity to help you attain the needed clinical competency?
- Who will be responsible for the initial supervision and evaluation of this newly performed task?
- Will you be given additional time to learn the skill if you need it?

Assess:

- Are you clinically competent to perform this procedure?
- Do you currently have the knowledge and skills to perform the procedure?
- Have you had experience in previous jobs with this procedure?
- Who is available to assist you who has that skill and knowledge?
- Is that person accessible to you?
- Do you believe you will be able to learn the new skill in the allotted time?
- How can you determine that you are practicing within your scope of nursing?
- What is the potential outcome for the patient if you do or do not perform the procedure?

Identify options and implications of your decision. The options include:

- The responsibility/task is not prohibited by the Nurse Practice Act.

  If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility.
  You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.

  If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary.
  At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national, and various publications. The American Nurses Association Code for Nurses, standards on practice, and your employer's policies and procedures manuals are valuable resources. The Nurse Practice Act serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

Point of decision/Implications.
Your decision maybe:

Accept the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual. You are now legally accountable for its performance.

Agree to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial inservice, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

Refuse to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer's grievance procedure.

For additional information on the *Nurse Practice Act, Rules and Regulations, and Position Statements* see the MSBN web page: http://pr.mo.gov/nursing.asp

Investigations Corner

Authored by Quinn Lewis
Investigations Administrator


Lewis

The Board's new investigative process is nearing its second year of operation. The process has been very successful in many ways, including allowing the Board to drastically reduce the investigative time, thereby providing a better service to the public. Although this system has been very successful, there are still skeptics to the new process. There are some individuals that feel that every complaint should be field investigated. This is a viewpoint that has been around for years. The Board took a hard look at their processes and asked if they were efficient. Regardless of what system you have in place, it should always be evaluated. It doesn't matter if it's involving investigations, managing a business or coaching an athletic team, there should always be an evaluation process.

An organization's goal should always be to utilize its resources to their fullest potential. If that's not the case, you must re-evaluate and make changes. Yes, we just said that bad word that starts with a "C ". The Board's former process did not fully maximize its resources. More money was being spent and the caseload was increasing which necessitated a re-evaluation of the investigation process. Before change can be implemented, there must be a willingness to think outside the box and leave our comfort zone.

Our society is always changing. Therefore, to get better at what we do, we must embrace change. There is a saying that goes something like this, "nothing stays the same, it either gets better or it gets worse." We all have our comfort zones or fear of failure, but we cannot lose sight of our objectives. The Board's main objective is to protect the public. The Board decided that taking over a year to investigate a complaint was unacceptable. Also, it was not efficient or cost effective to treat all complaints the same.

The Board considers the seriousness of all complaints. However, all complaints are not created equal. Meaning some complaints should take priority over others. The Board has implemented a system that prioritizes each complaint. The process allows the Board to only field investigate those complaints that are a serious threat to the public. Complaints that are not a threat to the public are investigated by obtaining written statements, requesting documents through the mail and conducting telephone interviews.

I was in law enforcement for ten years prior to my employment with the Board. One thing I realized is that there are distinct differences in how information can be collected when conducting regulatory investigations as opposed to criminal investigations. When the majority of people hear the word "investigation" there is a mental picture of law enforcement personnel at a scene collecting evidence. In a criminal investigation this would probably be the case, because the crime scene is a law enforcement officer's main source of information. Also, law enforcement officers can be classified as emergency services. When a crime occurs they respond to the scene, interview witnesses and collect evidence. During a law enforcement investigation, many times a suspect has to be developed. The best chance for this to occur is when the scene is fresh and there is no contamination. If the scene is contaminated, evidence can be destroyed and its credibility could be compromised. Therefore, an on scene investigation is required at all times when the perpetrator is unknown and physical evidence is present.

Now, I will try to explain why an on scene investigation is not necessary in all cases when conducting a nursing investigation. First point to mention is that the Board is not a law enforcement agency. The Board cannot detain or hold anyone as a suspect. A distinct difference in how the Board conducts an investigation is that we do not have a scene to process. The Board's main source of information is the complainant or facility making the complaint. The evidence in nursing cases is documents and witness statements, not forensic evidence.

In law enforcement the scene is processed to develop a suspect and make an arrest. Evidence collected from the scene is packaged and chain of custody is established for court purposes. The fortunate thing about nursing investigations is that the alleged perpetrator is identified to us by the complainant. If I had to define nursing investigators, I would say we are verifiers of information. When the Board receives a complaint on a nurse, we investigate the validity of that information. We are not crime solvers. When evidence is presented at a Board hearing, it is in the form of documentation, not physical evidence.

The Board has subpoena power, so documents can be requested through the mail. When interviewing witnesses, obtaining a signed statement is just as binding as speaking with someone in person. In fact it's more credible, because if it's written and signed then there is less of a chance of a misunderstanding about what was said. By obtaining written statements there is no opportunity for someone to say they made a statement, because they were intimidated or scared. A licensee or witness can comfortably, in the privacy of their own home, write a statement to the Board.

I hope this clears up why the Board conducts the majority of investigations by mail and telephone. If you read the article carefully, it just makes sense. How many times would there be a fresh scene to process? If there was evidence to be collected at the scene, how would this be accomplished? The Board receives approximately 800 to 1000 complaints per year. That is equivalent to approximately 80 complaints per month. There is no way the Board could respond to that many locations to preserve an uncontaminated scene. Also take into consideration that the Board usually receives a complaint at least 30 days after the occurrence. To reiterate there are no fresh scenes, free of contamination in nursing investigations. The Board's process is a common sense approach. Hopefully, after reading this article, you will become accustomed to communicating with the Board investigators by mail or phone, instead of in person.

Licensure Corner

Authored by Kathy Tucker
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members
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Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN
Teri A. Murray, PhD, RN


Tucker

Online Renewal

The Division of Professional Registration has made renewing licenses easier through online license renewal and encourages all nurses to take advantage of this service. There are many advantages to online renewal including:

- You may renew your license beginning February 1, 2005. It is easy. Just go to the website at http://pr.mo.gov.
- All you need is your license number, PIN number, and a credit card. We accept MasterCard, VISA, Discover, American Express, or E-Check. The total cost will be $82.50 which is the $80.00 renewal fee plus a $2.50 processing fee that is charged by the credit card processing vendor. Credit cards are accepted for online renewals only.
- Once you complete the online process, you will be able to print a receipt. It takes about 48-72 hours for your license to be renewed. That is the average time frame it takes to process, confirm, and then transfer the funds.
- It is convenient. You can renew on your computer at home, at midnight or on a holiday if you choose. If you do not have a computer at home, you could renew on the computer at your local library or at your work place. The system is live 24/7.
- Your information is secured/masked to protect your privacy.
- Online renewal reduces errors. The system will not let you move forward until all questions are answered.
- Online renewal will be available to RNs during their renewal period. You will only be able to renew online between February 1, 2005 and April 30, 2005.
- You will have the ability to volunteer for the state's Licensed – Professional Emergency and Disaster Registry (LEAD-R) and provide demographics for the Department of Health.

RN Renewal Notices

Renewal notices will be mailed beginning February 1, 2005. An instruction sheet on how to renew online and your PIN number will be provided with your renewal notice.

PIN Number

Your PIN Number is a unique number and can be found on your paper renewal notice that will be mailed to you. Your PIN number is confidential and should be kept in a safe and secure location. In order to protect your personal information your PIN number will not be provided over the phone. You may request your PIN by written request with your name, license number, signature, and current date. Indicate how you would prefer the PIN Number be returned to you, either mail or fax and your fax number if applicable. This request must be submitted either by mail or by fax to 573-751-6745 or 0075. Your PIN will remain the same year after year. By using your license number and PIN, we are able to:

- Provide greater security of personal information;
- Significantly decrease the use of your social security number; and
- Provide easy access to your record.

It is extremely important for your security that you keep this information confidential. These technological advances will provide you with a higher level of customer service and increased security.

Name and Address Changes

Please notify our office of any name and/or address changes immediately. The request must include your name, license number, your name and/or address change and your signature. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-571-6745 or 0075 or
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102.

Web-site Update

Our web-site is updated nightly and includes license discipline. We encourage you to use the web site to verify a license by going to http://pr.mo.gov/nursing.asp

- Click on Licensee Search;
- Click on Profession Name – choose Nursing by using the drop down box;
- Click on type of type of Licensee's profession;
- Choose Search Criteria;
- Provide Licensee's name or license number; and
- Click on Search

This will verify current Licensees only. If you wish to verify a temporary permit you may do so by one of the following steps;

- Contacting our office at 573-751-0681;
- Faxing a request to 573-751-6745 or 0075; or
- Mail

New License Format

Beginning February 1, 2005 all nurse licenses will be a new plastic license card.

The plastic license will contain a special hologram, and provide enhanced security as they are difficult to alter. The use of plastic license cards will be more durable and eliminate the problem of torn or damaged licenses and substandard printing, and will also contain a signature line. You need to sign the back of your license card as soon as you receive it. The card will include a magnetic stripe that will contain your licensure information and will be used if you are activated as a part of the Licensed – Professionals Emergency and Disaster Register (LEAD-R). The mag stripe will be used in conjunction with incident management software should you be activated and appear at an incident location. Specifically, it will be use to track arrival of volunteers, make assignments, and track departure from the site.

Current licensees that want a plastic credit-card style license prior to their normal renewal period may obtain a new license by submitting an affidavit for a duplicate license with the required duplicate license fee and returning the paper license in their possession to the Board. An affidavit for duplicate license form can be obtained at http://pr.mo.gov/nursing.asp under Duplicate License Request Form or by contacting our office at 573-751-0681.

Discipline Corner

Authored by Liz Cardwell, ME.d., RN
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members
Charlotte York, LPN, Chair
Linda Conner, BSN, RN
David Barrow, LPN
Cindy Suter, JD
Amanda Skaggs, RNC, WHNP


Cardwell

This is the second article of a two part series. Having ended the previous article discussing the sixth grounds for discipline, I am beginning this article with the seventh ground for discipline. The objective of both articles is to assist the reader in developing a better understanding of what conduct constitutes a violation of the Nursing Practice Act by looking at each subsection and discussing what behaviors might fit into each provision.

To refresh your memory, as was cited in the previous article, Section 335.066.1, indicates that the Board may refuse to license an individual based on one or more of the 15 subsections; and Section 335.066.2 indicates that the Board has the authority to discipline a nurse's license based on any one or more of the 15 subsections.

"335.066.1: The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to sections 335.011 to 335.096 for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo."

"335.066.2 The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:"

"(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;"

Subsection (7) may be violated when an individual engages in behaviors that lead the public to believe that the individual is a nurse when he/she is not licensed or is working with a lapsed or inactive license.

"(8) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;"

An example of a violation of Subsection 8 occurs when a nurse, who is licensed in Missouri,and is also licensed in another state and has discipline imposed on their license in that other state; if the conduct in the other state would be grounds for discipline in Missouri then the nurse's Missouri license could be disciplined.

"(9) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;"

Subsection 9 is self explanatory in that if a court of law finds a nurse insane or incompetent, that finding is grounds for discipline.

"(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;"

Subsection 10 is violated when an unlicensed person is allowed to function as a nurse, or a graduate nurse continues to practice nursing past the 90 day exemption period.

"(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;"

If an applicant completes an application for licensure, submits fraudulent or incomplete information, and receives a license that would not have otherwise been granted but for the incorrect information, the licensee has violated the 11th ground for discipline.

"(12) Violation of any professional trust or confidence;"

By the very fact that a nurse is licensed, the public has trust and confidence because of what the license stands for; that the nurse has the skills, knowledge and abilities to carry out nursing activities appropriately and correctly. When a nurse does not demonstrate expected 'licensed' nurse behaviors, the publics' professional trust and confidence has been violated.

"(13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;"

Using false advertising with the intent or effect of deceiving the public is a violation of the 13th ground for discipline. For example, if the licensee is pursuing a medically related business career and being a licensed nurse would be advantageous in drawing customers, and indicates he or she is licensed when in fact he/she is not, the Nursing Practice Act has been violated.

"(14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;"

The 14th ground for discipline is self explanatory; examples of these violations could be but or not limited to misappropriation of drugs from a patient and/or employer, , use of street drugs, unlawful possession, submitting a fraudulent prescription and so on.

"(15) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency."

A nurse who is placed on the Department of Health & Senior Services employee disqualification list for abuse and neglect of a resident has violated the Nursing Practice Act.

Nurses whose licenses are disciplined generally violate more than one of the 15 grounds; the two most frequently violated grounds for discipline are (5) "Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096 and (12) "violation of professional trust and confidence." As an example, a nurse who misappropriates controlled substances not only violates the drug laws but also (5) and (12).

Assessing Health Professional Needs and Trends in Missouri

Authored by Lois Kollmeyer, RN, BSN
Quality Review Specialist,Department of Health and Senior Services

In order to set priorities for health programs and recommend policy changes to the state legislature, the Department of Health and Senior Services (DHSS) has, for years, collected data on health care professionals and identified trends in workforce issues. The collection of this information is done in partnership with the Division of Professional Registration (PR) in the Department of Economic Development at the time of initial application for and renewal of the professional's state license. This information related to nurses, physicians and others is used by state and local entities to assess the health professional needs and trends in the state. Although the individual licensee's information is kept confidential as mandated by state law, aggregate information allows DHSS and others to identify professional shortage areas (for example, for the Missouri Nursing Student Loan Program,) as well as trends in the movement of licensed health care providers both within the state and between different health care settings.

For many years, nurses have completed this paper health professional survey at the time that they apply for, or renew their Missouri nursing license. This year, registered nurses have the opportunity to renew their licenses electronically. The electronic license application will be accompanied by an electronic survey. This electronic survey will serve two purposes - to continue to collect information for the Department of Health and Senior Services' manpower analysis and to provide the DHSS and the Board of Nursing with information about nurses who wish to become possible volunteers in the event of a state or national emergency.

In an effort to prepare for an orderly and effective response to a need for health care professionals when local capacity is exhausted, DHSS and the Missouri State Board of Nursing have entered into a partnership to establish a registry, which will be implemented in various stages. The first stage will be put into action with the registered nurse license renewal process in the spring of 2005. This registry, called the Licensed- Professionals Emergency and Disaster Registry (LEAD-R), will be used to identify nurses that have indicated an interest in assisting with the increased influx of patients during an emergency or mass casualty event. Nurses will have the opportunity to register as volunteers when they renew their license or anytime throughout the year. It is planned that other licensed health care professionals will be added in the future.

The registry information will increase the State's ability to rapidly contact and deploy health professionals to a particular location during a public health emergency. Volunteers may be deployed to Strategic National Stockpile dispensing sites, treatment centers, and other locations where patients are being treated. Health care professionals registered as volunteers will receive information from the DHSS on bioterrorism preparedness training opportunities. Should the licensed health care professionals registering as volunteers find that personal circumstances at the time of the event make it unreasonable to respond, they are not obligated to participate.

Please keep in mind that completion of the DHSS nurse survey does not require that you also register as a volunteer for LEAD-R. You may complete the standard set of survey questions but elect not to participate in the volunteer program. When you complete the survey questions, you will be asked a question about whether you wish to register as a LEAD-R - the choice is yours.

As in the past, a paper survey will accompany the mailed license renewal forms. Both the online and paper versions of the survey will include pre-printed responses from your previous nursing survey. If you choose to complete the paper survey, please be sure to enter any missing information and change any incorrect or out-of-date information. The paper survey should be submitted along with any mail-in renewal. You do not need to complete the paper survey if you decide to renew online and complete the electronic version of the survey. However, you can only register for LEAD-R online.

Completing the electronic or paper survey continues to be strictly voluntary. However please keep in mind the value of these data for accurate assessment and analysis of nursing resources in Missouri. Your response to the survey is very important and increases the reliability of the state's statistics on nurse professionals.

Summary of Actions: December 2004 Board Meeting

Education Matters

Student Enrollment Increases

- Sinclair School of Nursing, University of Missouri-Columbia, BSN Program #17-582, request to increase student enrollment from 140 to 160 students per year was approved.
- Lester L Cox College of Nursing and Health Sciences request to increase student enrollment for their BSN program and decrease enrollment in their ADN was approved.
- Crowder College, request to increase student enrollment from 90 to 110 was approved.

Proposals for New Programs/Tracks

- Jewish Hospital College of Nursing and Allied Health, proposal to establish a BSN program was approved pending initial site visit and submission of faculty and space plans.
- Texas County Technical Institute, proposal to establish ADN programs in Branson and Bolivar was approved pending initial site visit and ACICS branch campus approval and accreditation.
- Texas County Technical Institute, proposal to establish PN programs in Branson and Bolivar was approved pending initial site visit and ACICS branch campus approval and accreditation.

Relocation Requests

- Applied Technology/MET Center, PN Program #17-100, request to relocate campus was approved.

The following items were reviewed and accepted:

- Two Annual Initial Site Visits Reports
- Two Initial Site Visits Reports
- Reports from programs regarding low pass rates for fiscal year 2003-2004
- Three Five-Year Site Visit Reports for PN Programs
- One Five-Year Site Visit Report for ADN Program
- Arthur L. Davis Publishing Company Scholarship Award

Discipline Matters

The Board held 6 disciplinary hearings and 14 violation hearings.

The Discipline Committee reviewed 122 RN cases, 68 PN cases,14 Litigation items and 25 disciplined licensee-meeting reports.

Licensure Matters

The Licensure Committee reviewed 26 applications. Results of reviews as follows:

Applications approved with probated licenses – 7
Applications denied – 7
Applications approved with letter of Concern – 10
Applications approved with Grave Letter of Concern – 2

Practice Matters

- The Practice Decision Making Tool (See Practice Corner) was adopted as the decision making model to answer practice questions.
- The committee reviewed a request from Elk River Health Services Inc. as to whether an APRN has the authority to stop a code. It was determined that it is within the scope of practice for an APRN to stop a code if the APRN has the education and training and after a physical assessment has been done by the APRN. If the APRN is in a hospital setting, it is dependent on hospital policy, the APRN's scope of practice and whether the APRN has been duly delegated the authority to stop a code.
- The committee reviewed a request from Clayton Medical Associates regarding a determination as to whether a nurse in the state of Missouri may apply and dispense narcotic patches to research patients. Clayton Medical Associates requested a letter specific to their situation. It was determined to send the letter as requested.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

***Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.*

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restriced License
Alisha Anne Crawford Arnold, MO	**RN2004034270**	**Section 335.066.1 and .2(2) and (14), RSMo 2000** On 5/5/03, Licensee pled guilty to charges of possession of drug paraphernalia and interference with a police officer. On 6/22/03, Licensee pled guilty to interference with a police officer.	11/22/2004 to 11/22/2008
Malinda Gay Fenton Dixon, MO	**RN141852**	**Section 335.066.1 and .2(1) and (14), RSMo 2000** On 9/18/03, Licensee relapsed on methamphetamine.	10/4/2004 to 10/4/2008
Jason Michael Parrish Springfield, MO	**PN2004030979**	**Section 335.066.1 and .2(2), RSMo 2000** On 9/10/99, Licensee pled guilty to third degree assault and was placed on two years probation and was required to complete a "Hit-No-More" counseling program. On 9/21/00 revoked probation for failure to participate in the counseling program. On 1/7/03, Licensee pled guilty to tampering with a motor vehicle and was placed on three years probation.	10/20/2004 to 10/20/2006
Kalavati P Patel Hayt, MO	**RN139970**	**Section 335.066.1 and .2(5) and (12), RSMo 2000** On 2/01, Licensee became addicted to pain pills prescribed by her physician for relief of TMJ pain resulting from an auto accident. On 9/02, Licensee was admitted to a drug rehabilitation center for treatment for her addiction to pain pills.	12/2/2004 to 12/2/2006

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Anthony D Blank Republic, MO	**RN128052**	**Section 335.066.2(5) and (12), RSMo 2000** On 10/24/03, Licensee slept at the nurse's station while on duty. On one occasion, Licensee did not notify a doctor when the patient, who was scheduled for a lumbar puncture procedure, was prepped and ready for the procedure to be done. On one occasion, Licensee failed to administer an antibiotic, per physician order.	Censure 11/9/2004
Holly A Bonnes Columbia, MO	**PN053872**	**Section 335.066.2(5), (6), and (12), RSMo 2000** From 6/1/02 through 11/17/03, Licensee practiced as a licensed practical nurse on a lapsed license**.**	Censure 9/22/2004
Tina M Wallace Paragould, AR	**RN139149**	**Section 335.066.2(5), (12), and (14), RSMo 2000** On 6/16/03, after being absent from work for three (3) consecutive days, Licensee presented a fraudulent doctor's excuse. On 6/16/03, Licensee was scheduled to work from 7 a.m. to 7 p.m., approximately 7 a.m., Licensee clocked in, reported to her assigned area, and accepted report. At approximately 11:30 a.m., Licensee abandoned her position and left the facility without giving notice, report or counting the controlled substances.	Censure 11/16/2004
Dorothy M Wheeler Doniphan, MO	**PN032520**	**Section 335.066.2(12), RSMo 2000** In 3/03, Licensee was untruthful in answering a Renewal Application question in that she did not disclose to the Missouri State Board of Nursing that she had voluntarily surrendered her Arkansas RN license on 3/18/04 to the Arkansas State Board of Nursing.	Censure 10/12/2004

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Barbara Carlstrom Saint Joseph, MO	**RN133528**	**Section 335.066.2(5) and (12), RSMo 2000** On 5/27/03, Licensee was found sleeping on the job, extending her meal times, and allowing other staff to extend their meal times. On 5/26-27/03, Licensee, as a Charge Nurse, failed to properly supervise employees on her unit.	Probation 9/22/2004 to 9/22/2005
Angela M Chancellor Kansas City, MO	**RN124575**	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 9/15/03, Licensee submitted to a pre-employment drug screen which was positive for the presence of Amphetamine.	Probation 11/30/2004 to 11/30/2006
Cynthia Jean Childers Edgar Springs, MO	**RN2001029523**	**Section 335.066.2 (5) and (12), RSMo 2000** On 11/25/03, Licensee administered Ativan to an ICU patient without authorization from a physician and did not chart the administration of Ativan in the patient record. Licensee had removed the Ativan from an automated dispensing device with the aid of another nurse under another patient's name for whom the medication had been discontinued.	Probation 12/7/2004 to 12/7/2005
Chascilee Amber Collins Palmyra, MO	**PN2002031622**	**Section 335.066.2(5) and (12), RSMo 2000** On 1/17-18/ 04, Licensee mixed 25 cc of Vivonex with 30 ml of Polycitra, added unsterile tap water to the mixture and infused the mixture through the patient's central line instead of through her feeding tube, as ordered by the physician. On 1/18-19/04, Licensee administered 4 ml of Morphine to the patient, without a physician's order and without consulting a physician before administration.	Probation 9/28/2004 to 9/28/2006
Laura Lee Copeland Saint Charles, MO	**PN2000167989**	**Section 335.066.2(1) and (14), RSMo 2000** On 5/2/03, Licensee submitted to a drug screen which tested positive for the presence of Cannabinoids (marijuana).	Probation 10/9/2004 to 10/9/2005
Debra S Eaton Richmond, MO	**PN050024**	**Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000** Licensee was placed on the Employment Disqualification List issued by the Department of Health and Senior Services.	Probation 11/12/2004 to 11/12/2006
Bruce L Eller Lonedell, MO	**RN113438**	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 8/24/02, Licensee was observed to be very sleepy, groggy, and sometimes confused. On 8/24/02, Licensee withdrew 75 mg of Demerol for a patient, without a physician's order. On 8/25/02, Licensee withdrew a total of 30 doses (2500 mg) of Demerol for patients with a physician's order. Licensee misappropriated the medication for his personal consumption. On 1/03, Licensee had withdrawn 3075 mg of Demerol without physician's orders. Licensee failed to document the administration of any of the Demerol on the patient's MAR.	Probation 10/8/2004 to 10/8/2009

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PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Dennis Eriksen Kansas City, MO	**RN115470**	**Section 335.066.2(5) and (12), RSMo 2000** On 1/9/04, Licensee hung a bolus of potassium to infuse at a rate over double the ordered rate. The potassium had been ordered on 1/8/04, more than 24 hours before Licensee started the infusion. The physician's order was for infusion over a period of 6 hours. Licensee infused the potassium in approximately two-and-a-half hours.	Probation 11/13/2004 to 11/13/2005
Tara J Farrow Cape Girardeau, MO	**RN150705**	**Section 335.066.2(2), RSMo 2000** On 7/29/02, Licensee pled guilty to fraudulently attempting to obtain a controlled substance.	Probation 11/10/2004 to 11/10/2007
Ricky D Hicks Saint Louis, MO	**RN121501**	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 2/28/03, Licensee submitted to a drug screen which tested positive for the presence of Marijuana.	Probation 9/28/2004 to 9/28/2005
Sherry A Jameson Poplar Bluff, MO	**RN113482**	**Section 335.066.2(5), (6), and (12), RSMo 2000** On 10/22/03, Licensee injected lidocaine with epinephrine into four (4) areas of the neck and after injecting used tweezers and scissors to clip skin tags. Licensee performed the procedure without a physician's orders.	Probation 12/3/2004 to 12/3/2006
Daniel Arthur Littleton West Monroe, LA	**RN2000169831**	**Section 335.066.2(8), RSMo 2000** On 8/11/03, Licensee's advanced practice recognition and R.N. license was disciplined by the Louisiana Board of Nursing. While working as a CRNA, Licensee fell off the stool at the head of the operating room table and appeared disoriented. Licensee had given himself an injection of Fentanyl and Demerol because he was unable to sleep.	Probation 11/9/2004 to 11/9/2007
Mary F Mayberry Holcomb, MO	**RN147486**	**Section 335.066.2(1) and (14), RSMo 2000** On 12/3/03, Licensee submitted to a pre-employment urine drug screen, which was positive for the presence of amphetamines and methamphetamines.	Probation 9/21/2004 to 9/21/2005
Camelia L Melton Springfield, MO	**PN025791**	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 5/27/03, while on duty, Licensee misappropriated Morphine for her personal consumption, Licensee replaced the misappropriated Morphine with water. On 5/28/03, Licensee submitted to a urine drug screen which was positive for the presence of Morphine.	Probation 10/8/2004 to 10/8/2007
Cheryl J Routh Arnold, MO	**PN036780**	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 9/25/03, Licensee submitted to a urine drug screen which tested positive for morphine. Licensee admitted to misappropriating Hydrocodone from her employer for her personal consumption.	Probation 12/1/2004 to 12/1/2007
Karen M Slattery Saint Charles, MO	**RN148918**	**Section 335.066.2(5) and (12), RSMo 2000** On 10/1/03, Licensee withdrew Morphine for a patient she was not assigned to care for and failed to document the administration and/or wastage of the Morphine. On nine occasions, Licensee misappropriated narcotics for her personal consumption and failed to document the administration and/or wastage of all medications withdrawn.	Probation 12/3/2004 to 12/3/2006
Julie A Smith Milo, MO	**PN041132**	**Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000** On 7/27/93, Licensee pled guilty to the Class C felony of stealing. On 1/25/96, Licensee pled guilty to the misdemeanor charge of passing a bad check. On 11/16/00, Licensee pled guilty to Class A misdemeanor of passing bad checks.	Probation 11/8/2004 to 11/8/2007
Melissa A Smith Poplar Bluff, MO	**RN137092**	**Section 621.100, RSMo 2000 and Section 335.066.3, RSMo 2000** On 8/7/02, Licensee submitted to a pre-employment drug screen which was positive for methamphetamine, cocaine and cannabinoids (marijuana).	Probation 11/8/2004 to 11/8/2007
Terrie Lynn Spence Baxter Springs, KS	**PN041599**	**Section 621.100, RSMo 2000 and 335.066.3, RSMo 2000** From 10/00 to 10/19/01, Licensee knowingly possessed methamphetamines on an ongoing basis while on duty. On 10/19/01, Licensee was placed in the mandatory Employee Assistance Program. On 11/9/01, Licensee was asked to submit to a drug screen, which tested positive for cannabinoids. On 12/6/01, while on duty, Licensee knowingly possessed and consumed marijuana, substances containing amphetamines, and opiates. On 12/7/01, Licensee was asked to submit to a drug screen, which tested positive for the presence of amphetamines, cannabinoids, and opiates.	Probation 11/18/2004 to 11/18/2009

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PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
David Springer Rolla, MO	**RN2000162409**	**Section 335.066.2 (5) and (12), RSMo 2000** On 11/2/03, Licensee drew blood on a patient who had presented to the emergency department. Licensee removed the four vials of blood from the patient's room, labeled the vials, placed them in a plastic bag in the "send to lab" bin and forged the agency nurse's name on the Chain of Evidence Log.	Probation 12/9/2004 to 12/9/2005
Carolyn A Washington Saint Louis, MO	**PN032393**	**Section 620.153, RSMo 2000. Mendelsohn v. State Board of Registration for the Healing Arts 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated the terms and conditions of the Settlement Agreement by failing to submit any documentation of completion of the required continuing education hours.	Probation 11/8/2004 to 11/8/2005
Alicia D Waybright Miami, OK	**RN150739**	**Section 335.066.2(1), (5), (12), and (14), RSMo 2000** On 9/2/02, while on duty, Licensee contacted the pharmacy, impersonated a nurse from a doctor's office, and asked that the pharmacy fill a prescription for Ambien. During the course of her shift, Licensee also solicited a prescription for Ambien from a staff physician, which she delivered to the pharmacy for filling. The prescriptions were filled and Licensee took possession of the medications.	Probation 12/3/2004 to 12/3/2006

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension/Probation
Dwight D Cartier St. Louis, MO	**RN071334**	**Section 335.066.2(5) and (12), RSMo 2000** In 7/03, Licensee, while employed at a psychiatric center, admitted to having a relationship of a romantic and/or sexual nature with a female patient while on duty.	Suspension 11/9/2004 to 11/9/2005 Probation 11/10/2005 to 11/10/2007
Cheryl L McClain Kansas City, MO	**PN020545**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated her disciplinary agreement by not submitting her required documentation.	Suspension 11/8/2004 to 5/8/2005 Probation 5/9/2005 to 5/9/2010
Aprelle Danyelle Holbrook Saint Peters, MO	**PN2000154219**	**Section 620.153, RSMo 2000. Mendelsohn v. State Board of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee has violated the terms and conditions of the settlement agreement by failing to submit any documentation of completion of the required continuing education hours.	Suspension 11/8/2004 to 11/8/2005 Probation 11/9/2005 to 11/9/2006

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
Nikie Marie Dover Rolla, MO	**PN2000168004**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated her disciplinary agreement by not attending the scheduled meetings and by not submitting her required documentation.	Revoked 11/8/2004
James E Fanning Sherman, TX	**RN112864**	**Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000** Licensee misappropriated Demerol for his own personal consumption.	Revoked 11/8/2004
Joseph Ronald Faries II Portageville, MO	**RN2000164881**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** On 3/14/04, Licensee violated his disciplinary agreement by self-reported relapsing on cocaine.	Revoked 11/8/2004
Cathryn J Hebenstreit Saint Louis, MO	**PN029843**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee did not submit a chemical dependency evaluation from 11/28/01 to 11/28/04 as required by the settlement agreement. Between 1/31/03 to 7/1/03, Licensee who represented herself as a RN, on approximately 169 occasions, by using the designation RN when documenting in patient records.	Revoked 11/8/2004
Rebecca Junge Lexington, KY	**RN138287**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated her disciplinary agreement by not submitting her required documentation and Licensee self-reported relapsing on cocaine in February 2004.	Revoked 11/8/2004
Kevin M Kerr Kansas City, KS	**RN148094**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated his disciplinary agreement by not attending the meetings and by not submitting his required documentation.	Revoked 11/8/2004
Patricia D Lovier Grandview, MO	**RN144630**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 11/8/2004
Frances A Manning Oklahoma City, OK	**RN065362**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated her disciplinary agreement by not submitting required documentation and on 7/1/03, Licensee admitted to misappropriating Demerol and other narcotics from her employer, which she consumed while on duty.	Revoked 11/8/2004
Brian K Smith Dodge City, KS	**RN138423**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** On 5/3/04, the Board received a Notice of Non-Compliance Report from the Oklahoma Nursing Peer Program, indicating Licensee had relapsed and tested positive for alcohol.	Revoked 11/8/2004
Rebecca J Williams Neosho, MO	**RN103891**	**Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999).** Licensee violated the terms of her disciplinary agreement by not submitting required documentation.	Revoked 11/8/2004

VOLUNTARY SURRENDER*

Name	License Number	Effective Date of Voluntary Surrender
Burnam, Ashley R Columbia, MO	**RN2000173967**	11/9/2004

*Surrender is not considered a disciplinary action under current statutes.